



Holistic Veterinary Care

WELLNESS FOR ANIMALS

4382 Piedmont Avenue Oakland, CA 94611 ph 510/339/2600

www.HolisticVetCare.com clientservice@holisticvetcare.com

Client: . Patient: LUCKY DOG Date: 3/14/2013
Breed: Other Canine Age: 0 Yrs. 0 Mos. Sex: Undetermined

Rehabilitation Functional Questionnaire

This form is intended to establish your pet's medical history and assess your pet's functional abilities to help us monitor his/her progress.

Patient's Name: LUCKY DOG

Client's Last Name: .

Date of Injury (if any): _____ Date of Surgery (if any): _____

Pertinent Medical History & Any Current Illnesses:

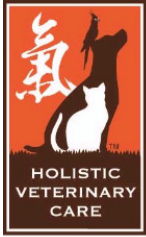
Allergies (including food):

Current Medications (Dose and Frequency):

Questions (please circle one):

- | | | | |
|--|-----|----|----|
| 1) Able to posture to urinate? | Yes | or | No |
| 2) Able to posture to defecate? | Yes | or | No |
| 3) Able to ascend stairs? | Yes | or | No |
| 4) Able to descend stairs? | Yes | or | No |
| 5) Able to walk up and incline / hill? | Yes | or | No |
| 6) Able to get in and out of the car? | Yes | or | No |
| 7) Able to get on and off of a couch or bed? | Yes | or | No |
| 8) Able to run? | Yes | or | No |
| 9) Able to jump? | Yes | or | No |
| 10) Is your pet able to go on a walk? | Yes | or | No |

How long? _____ Minutes _____ Miles



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11) Does anything prevent him / her from taking longer walks? Yes or No

If Yes, What?

12) Do you notice problems with limping or stiffness? Yes or No

If yes, what?

13) Does your pet seem to be in pain? Yes or No

What signs does your pet show or what signs are absent?

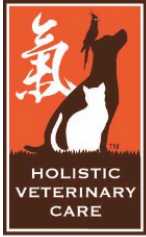
14) Are there any other problems that you have noticed that have not been covered in this form?

15) What are your goals and expectations?

00/00/00 Rehab Functional Questionnaire

Melissa Purbaugh

16)



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17)

18)